

THE
ADVANCEMENT OF PSYCHIATRY
IN AMERICA

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READ AT THE ANNUAL MEETING OF THE AMERICAN MEDICO-
PSYCHOLOGICAL ASSOCIATION, DENVER, COLO.,
JUNE 11, 1895

Reprinted from the American Journal of Insanity

CHICAGO
Rand, McNally & Company, Printers
1896



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"The foolish man built his house upon the sand; and the rain descended, and the floods came, and the winds blew and beat upon that house; and it fell."

When we build our houses we try first to lay a firm foundation, and then to raise a good superstructure. After the house is built it must rest for its existence upon a deeper fact to sustain and maintain it. The material house is a perishable thing; the underlying purpose that upholds it and keeps it lasts from generation to generation.

The State builds its hospitals for the sick in like manner, if it builds them well. There must be the material structures before the sick can be sheltered in them. Then, whether or not they are real hospitals rests upon the understanding of the people who maintain and administer them. If personal and "political" interests creep into this essential foundation then it becomes loosened and unstable, and the hospital no longer stands for what it pretends to be. The purity of its purpose and its sacredness to humanity are prostituted; it becomes a scandal to the great cause it was built to aid. The execrations of all honest men should fall upon those who work such evils. They are of the tribe of those who were driven from the temple. It is of such that it is written: "They robbed the helpless of their bread; they stole medicine from the sick." We all join with those who pray that the waters of righteousness may descend, and come to search out the weak, and shifty, and unfaithful places in such foundations, and that the wrathful winds of heaven may beat upon such houses.

The advancement of psychiatry in this country is the business of our lives. It is a business so great in importance that it includes the study and use of all things that make for the prevention and cure of insanity, and the best cure of the hopelessly insane. We need to know not only the diseases of the nervous system, but all the diseases of the mind and body, for they contribute to insanity. It is a business that sets our faces to the future; but when we look upon our great task, our first thought must be of the foundations

* Presidential address to the American Medico-Psychological Association, Denver, Colo., June 11, 1895.

upon which we have to build; how shall we add to or uphold the well-wrought results of those who have gone before? The human and the material elements, both good and bad, in these foundations upon which we have to carry on our work, have their instructive history. There are landmarks in our field of labor that, though ancient, can not wisely be removed.

In the limited time at my disposal I can do little more than to examine our foundations, to see if they were laid firmly, and built upon soundly, by the honest and wise workmen among our fathers. When it is said that their work has come to naught, by other well-intentioned men, this is a serious and harmful charge.

In my discussion of the advancement of psychiatry in America the considerations that present themselves in the way I have indicated appear to fall into three divisions: (1) Our hospitals and their management; (2) the relation of psychiatry to general medicine; and (3) the promotion of progress in the hospital treatment of insanity.

I. OUR HOSPITALS AND THEIR MANAGEMENT.

It would be a waste of time to discuss further here the foundations of public hospitals in legislation, and the evils wrought by "practical politics," in debasing institutions for the care of the sick. So long as there are, among legislators, those who say to one another for personal gain, "If you will vote for my measure I will vote for yours," and thus trade on the interests of the sick and suffering, so long will their cause suffer. Every such man never hears the sayings of the truth, or, hearing, "doeth them not." For us, we must, each in his own place, do the best we can for humanity's sake.

Our hospitals themselves are the outcome of the evolution of hospital construction, with gradual adaptation to their special purposes. Our fathers built their hospitals, both general and special, as well as they knew; they were bound, in the construction of all hospitals, until the middle of the century, by the lingering influences of the monastic period. Even the lessons of the great wars that came later have not served to prevent the building of some of the most recent and costly hospitals for general diseases in defiance of the best proven principles. It is fair to say that experienced medical counsel seems to have had little influence in these constructions.

Hospitals for the insane have followed the law of evolution. The development of the segregate plan of arranging buildings has had a steadier and more normal growth; there has been no wave

of extreme change and a tendency to relapse, as in the case of the general hospitals. The block plan of the earlier ones for the insane, in this country, was greatly improved upon by the gradual change to the semi-detached pavilion plan, which was Kirkbride's great contribution to his time. The climax of its use was reached about 1860-'70. In the balancing of indications experience seemed till then to teach the greater and proper economy of rather closely connected buildings. The lessons of the Civil War were practically and wholesomely applied in the introduction of the detached plan. Its economy has been proven, by use, to legislators whose obligations are rightly to be reckoned with, and helpfully, when discharged as wisely and generously as they have been in many instances.

Our earlier hospitals for the insane were placed in or near large cities or towns. Where they have not yet been driven to remoter locations, they remain to encounter increasingly unfavorable restrictions of the freedom of the patients, or the offended public sentiment of even enlightened citizens. Such suburban situations could be held only at an incredible cost, in the actual economies of the existence of such institutions, as compared with an investment of values calculated to be productive of the greatest good. The opinion has been determined by the necessities of the case, that rural locations for large hospitals are the best, when large estates are proven so essential for outdoor life and occupation.

The present method of managing our hospitals is questioned. We may as well at once set down the dictum that the management of a hospital is a business that has to be learned like any other business, by both its executive officers and governing boards. The fundamental principle is that "those are best qualified to conduct a business who are best acquainted with its requirements." Let us turn for a few moments to some historical evidence on this point. The first that I shall cite has a double significance. When Florence Nightingale went to the Crimea in 1854, with her nurses, her superior success was due not altogether to her better knowledge of hospital requirements. She was free to coördinate the forces that produced the results. The medical staff of the English Army had enough of such knowledge to have had better hospitals than they did, but tradition and official formalism tied the hands of the military surgeons by denying them adequate control of that which was truly within their province.

The American war began with like restrictions, but their reform was one of the crowning glories of our profession in the century's

history, and set a model for the world. Who can read unconvinced in the annals of those events* the record of the "liberal course" of our Government and its great results? The medical historian also tells us how, in the first years of the war, the military superstition was broken down that only line officers could command men and perform the duties of executive officers; and how there was developed by medical men an efficient system of hospital service† that proved conclusively the error of the opinion which still prevails too much, that to be a physician somehow disqualifies a man for the business of conducting a hospital.

The medical men of our armies, with no previous training in operations of such magnitude, and coming from the quiet practice of the arts of peace, or young men from the schools, achieved professional distinction; they held efficient control of military commands; they organized and administered extensive supply and transportation departments. There are enough of the men still living who were a part of those great events to bear testimony to their significance. It was the "liberal course" of the Government in the giving of adequate control and holding the officer to full responsibility that brought out the good results. But it would seem that great lessons must be slowly learned by the average mind. It is curious to see, throughout the country, the tardiness of the general hospitals in adopting a principle so plainly demonstrated. A few of these great hospitals have been placed under the administrative charge of medical men; and it is noteworthy that in some of the most successful instances the search for super-

* "Never before in the history of the world was so vast a system of hospitals brought into existence in so short a time. * * * They differed, too, from the hospitals of other nations, in being under the command of medical officers. Instead of placing at the head of establishments intended for the treatment of disease and wounds, officers of the line, who, whatever their other accomplishments, could not be expected to understand the requirements of medical science, and who, with the best intentions in the world, might seriously embarrass the action of the surgeon, as was really the case in the Crimean War, and has been since in the English hospitals, our Government, with a wiser discretion, made the surgeon the commandant of the hospital, and thus, while holding him responsible for the results of its management, put it into his power to do much to make those results favorable. The medical staff can point with pride to the consequences of this liberal course. Never before in the history of the world has the mortality in military hospitals been so small, and never have such establishments so completely escaped from diseases generated within their walls."—*Circular No. 6, War Department, Surgeon-General's Office, p. 152.*

† "The surgeon in charge was entrusted with full and complete military command over the persons and property connected with the hospital. He was held to a corresponding responsibility. At small hospitals the surgeon in charge was his own executive officer, but at large establishments an active and intelligent medical man was detailed to aid him in his supervision. The special duties of the executive officer were those of adjutant to a commanding officer."—*Med. and Surg. History, War of the Rebellion, Part 3, Med. Vol.*

attendants led to the choice of men who were already trained to their business in hospitals for the insane, which are in this regard far in advance of the general hospitals. These have yet to develop an adequate system by which the training of medical officers in junior positions will furnish a corps from which to appoint the future superintendents. The recent adoption of this principle in one of the leading municipal hospitals of this country is the first instance of the kind of which I have any knowledge. In that instance, it is also noteworthy, an eligible candidate for assistant superintendent had earned his appointment by qualifications gained in the service of hospitals for the insane.

The history of the present prevailing method of administration in our special institutions for the insane is really, in itself, conclusive. Can it be possible that we must fight over again the contest of the century for the establishment of the medical government of our hospitals? It was the contest of their emancipation from hideous barbarism, and of the philanthropist and the humane physician, with "good attendants," against the wardens and their "keepers." Let the uninformed read Tuke's History of the Insane in the British Isles, and study the work of the Lunacy Commissions in Great Britain since 1828, to learn the part that was borne through years of discouragement by our profession. Conolly's leadership in England's great reform, we all know. His work on the "Treatment of the Insane," published in 1856, is a book into which he wrote, with the sincerity of his soul, the history of his life's labors accomplished in his thirty years at the great hospital at Hanwell. Who can read his pathetic "Conclusion" and not be moved by the picture he draws of badly organized asylums? He wrote of experiences in which, "above all, the heart of the superior officer must be discomposed and saddened."

Every critic of the present system of hospital management, every doubting friend of the insane, should read Conolly's estimation of medical men in these relations as they were known to him by their works. "Considering the various education of men of different professions and ranks, none would seem so likely to be fitted by their diversified studies, and by the practical application of them to the preservation of the health of men and women, to undertake the mental, physical, and moral government of lunatics and lunatic asylums, as medical men. Their various knowledge; their practiced observation of the effects of bodily diseases; their constant intimacy with the modifications of both physical and men-

tal phenomena in all the accidents of life; and the very nature of their daily occupations, by which the best human feelings and sympathies are almost necessarily called into exercise, must generally be supposed to impart qualifications to them which are rarely possessed to the same extent by men in any of the other walks of life." He found these qualities illustrated in a high degree "among the medical superintendents of the last sixteen years (1840 to 1856), and particularly since the dawn of what may be termed the mental government of the insane."

Many of you have read his closing words, but they are so much to the present purpose for others to hear that they should be quoted: "My personal interest in such matters has ceased. The wildest resolutions of committees* can affect me no more. But knowing too well what rash experiments may be made by committees, * * * I can not refrain from recording my opinion, founded on long observation, that the proper treatment and the welfare and happiness of the insane is insecure under governing bodies constituted as those of asylums now generally are. Full security might, however, be given to the public, and every advantage of the insane surely preserved, if the control of asylums was always entrusted to intelligent superintending physicians, acting under the general inspection of a board or committee qualified for such *superintendence* * * * who would entertain no apprehension of evil from delegating such full authority to the physician as would leave him at liberty to carry out comprehensive plans, according to principles admitted and approved by them, and at the same time possessed of authority empowering him to enforce conformity to his measures among all other officers. Thus, and thus only, I believe, might be established and maintained a consistent plan of asylum government, advantageous and humane in relation to the patients, encouraging to all the officers of such establishments, and just to the community at large."

In our own country there are those among us who remember the lingering examples of institutions with divided authority, and the consequent heart-breaking difficulties; and they know the peacefulness and efficiency that came from the changes to medical control brought about by the logic of experience. Can we not name the names of good and able men who were defeated in the noblest aims in conflicts with non-professional dictators? It is noteworthy that the reversals, in some modern instances, to the old system so

*Governing boards.

stamped with condemnation have been made by men new to hospital government, who, in their discontent with individuals, and defiant of recorded experience, rush to the illogical extreme of changing at the same time both the *personnel* and the *system* of the institution in their keeping. That experiments in divided authority may appear to work well for a time proves nothing; it is a cause for wonder that the constantly occurring evidence to the contrary can be so ignored. We have no assurance that the division of control between a medical director and a warden will lead to more productive scientific work in a hospital. There must be a line of union somewhere between the closely related medical and executive operations of a great hospital. Such an institution is a mechanism which obeys the law that efficiency goes with reduction of friction. Harmony is the perfected result of an efficient administration; the logical basis of harmony is unity of control in all business organizations. If the facts of experience give the right to anyone to speak as having authority, it should be declared as beyond question that a properly organized system, under unified control, carries itself along with a degree of ease that no other method can obtain. Instead of spending his time and strength and fretting his soul with fussy details to avoid friction with a coördinate authority under the same roof, or leaving things undone that ought to be done, a chief executive with experience gained by time and training, and duly empowered, will make the various elements of his household fit together in a harmonious whole.

It is simply a matter of organization. Let the lesson of the great military hospitals be followed. In a large asylum a "liberal course" on the part of its governors would soon prove that no more productive investment of public funds could be made than in strengthening the executive head of the institution. If more professional work is wanted of him and he needs more time for it, let him divide both the executive and medical duties with an executive officer—an "adjutant"—as it was done in the general hospitals of the Civil War. Members of governing boards should put the kind of common sense into their hospital direction that they do into the business of their corporations, and employ trained men, and train others to competency for the work that they ought to do.

The truth of it is, if we search for a general principle, that everything in a hospital is medical, and is administered for a medical purpose. There is one end to which all things contribute. In the first place a hospital household is an organized social unit; as a

family of men and women, young and middle-aged, it should be under a controlling head, *in loco parentis*. The hospital is the home for those who live in it, and their lives, liberties, and happiness are largely in the hands of the controlling authority, for order must reign. It is a household organized to do business where the people live. The moral, ethical, and business atmosphere of the place must be calm and wholesome in its influence upon the sick and insane; this is healing alike with the aseptic conditions of a surgical ward. It is bad construction not to have the material supports of an edifice well "bonded" throughout; there should be no lines of cleavage ready formed, where it tends to split apart when the inevitable strain shall come. It is equally repugnant to social as well as mechanical law, that a domestic organism should be constructed without the common bond of unified control. In a large hospital for the insane, even the kitchen, laundry, shops, and farm are places for the treatment of patients by occupation. The conduct of these essential parts of a great institution should be inspired by a controlling medical spirit.

A military hospital established with a comparative permanence is the easiest to manage; there are only men in it, and the daily and nightly rounds of duties are done by soldiers, who obey orders. There is no home, and little sentiment is essential in such a hospital. In a general hospital the domestic sentiments enter with the home life of the people when "off duty;" some must be protected and others controlled. The management is more difficult by the multiplication of details arising from a rapid movement of the hospital population, and the adjustment of the complex relations with a large visiting staff, with whom, although one way is often as good as another, each wants his own. The patients, however, being mentally well, are expected to voluntarily obey the rules. Still a medical government best coördinates all these elements. In hospitals like ours the executive demands are much less exacting, by as much as the life and business are more regular; a well-ordered system may leave the executive head large freedom for giving time to the supervision of the "mental government," as the purpose of the whole régime. The patients here are most dependent upon the parental element in the social order; the medical superintendent represents the authority that applies the required restraint, and the more paternal this can be the better. Conolly's idea of "mental government" was right. The moral and disciplinary effects of a well-conducted institution have their most

effective medical uses. I once heard the lamented Goldsmith quote a saying of his neighbor at Danvers — the poet Whittier — “an institution is the shadow of a man.” This could never be more truly said than of Whittier’s neighboring hospital, where he must have observed that it is the spreading of the influence of its head throughout such a household that makes it one with him. That was what Conolly saw in the new order of “medical superintendents,” in “the dawn of the mental government of the insane.” This makes the title a term of honor for all time. If any think it can not be borne by a medical man without loss of dignity, let him read the lives of Conolly and of many other conscientious and able men who, since his time, have worked out for themselves the same conclusions. There are generally reasons for things. And when principles, struck out by such men, have made their way for half a century until they prevail, they are not to be treated lightly. Conolly’s “mental government” meant medical government. A “medical superintendent” may combine the several dignities of “medical officer,” a “medical inspector,” “medical examiner,” and other allied professional and business offices. I never heard it denied to any specialist in medicine that he might manage, without loss of professional caste, his own *res angustæ domi*, or a private hospital for his personal profit.

A medical officer such as I have described, trained and promoted through the various grades of junior positions, most certainly acquires the assured capacity which alone is to be relied upon for the best results. Such a medical executive, thus trained by professional and executive experience peculiar to a hospital, becomes the one who can most effectively and easily use this hospital as a perfected instrument which he can fully grasp and wield. It is the combining and coördinating faculty that must be had, and this is as much a part of the essential foundation as the material hospital is requisite as a shelter before any patient can be well treated in it.

Let us suppose that a medical man has acquired these abilities, favored by having the requisite time and experience to make his hospital successful. Is it essential that he should have kept pace personally in his acquirements with the various special departments of medical science that might be brought into the work of his hospital? The president of a university may be a learned orientalist, an adept in biological research, or an expert in the new electrical science. Who demands that the head of a faculty of arts and sciences shall be a master of all these? In the medical department

alone general medicine, as an applied science, now demands the expert contributions of the pathologist, chemist, neurologist, and bacteriologist for completeness of work in any hospital. All these and more must be included in the scope of the trained executive of a hospital for the insane, where an experienced alienist finds his largest place. Which of these specialists can best compass the work of all the rest? The trained executive is the foundation of the whole matter, and the day is to come when, as a medical specialist, he will rank with the honor due his usefulness. If this seems a modest aim for a physician, let it be remembered that there are places in professional as in business and social life, in which the men who are demanded to make the best contributions to the common weal are those who have it in them to be the cause of good in others. But the man who is well grounded in general medicine is the better physician when he has "business sense," which means—when he has a logical mind. With this, and training and experience being given, the requirements are furnished for best organizing a medical business. Here we get the true view of our present point of departure for advancement; there are many, and there might be more, medical executives of our hospitals who have risen to their places of trust, as men do in other business, because they have the power of "combination." Knowing the elements of their medical work they are the very ones to organize it. Like the college president, who, by a combination of skilled teachers, becomes the cause of learning beyond his own, so the skilled medical executive is the man to organize the means and inspire a medical staff with the zeal that begets competency and good work.* Therefore, it is now that our time has developed so many medical superintendents who are skilled executives, that with their opportunity comes the obligation to enter upon the newly opened fields for the organized investigation of our problems, which are of so much concern to human life and happiness.

The opportunity and obligation of governing boards come also here. But it requires a very intelligent and very practical business sense—that is somewhat rare in the controlling authorities of our hospitals—to understand that some of the most productive scien-

* Dr. Wise, commending his practice of holding a daily conference with his assistant physicians, forcibly says, for all of us: "It is not ^{we} common for a superintendent to find that an assistant has outstripped him in scientific attainments, and that Gamaliel can properly sit at the feet of Paul. This should not be a matter for regret."—"Medical work in Hospital Wards," *AMER. JOURN. INSANITY*, July, 1895.) We must all agree with his meaning, that it should not be otherwise in a well-ordered hospital which has growth in it.

tific work is not to be tested by an immediate demonstration of the question: "What's the good of it?" It is the most practical mind that best appreciates the true relation of necessary causes to effects, when these are remote, in matters on the boundaries of knowledge for the most acute professionally trained minds. It is often the wisest superintendent who sees the futility of trying to do what can not be done. It too often takes long years to educate people, legislators, governors, and trustees to the consenting stage; and when the medical superintendent knows that his executive life is likely to be short, the possibility of professional attainment offers little to inspire his zeal, and it is thus that he grows to be a man who must be content with making ends meet between appropriations and *per capita* cost, instead of making these elements serve the larger purpose.

In the more enlightened States it is one of the most inspiring signs of the times that in the last few years so many of our hospitals, and the younger men in them, are being stirred by the doing of new things in the advancement of clinical work. It is here that the governing boards ought to see the worth of a "liberal course," and should provide the means, which are relatively so moderate, and give the stability of support that is required.

A wise observer of men and things recently said to me: "Man progresses on diagonal lines; in trying to strike a right line he pushes off on either side. It is like the skater; he gets on, but in his efforts to reach the true mean he goes to the right and left. The reformer is always pushing off *from* something; the idealist continually strives to go *to* something." This suggests to me the thought that when a good man, in his discontent with things as they are, tries to change them, he is accorded the rôle of a reformer. He is a safe man to follow when his reforming is well informed. Conolly was a safe man for a leader, because he knew his cause from the inside. When a bad man assumes the rôle of a reformer it is likely to be for base ends; he may profit by the laxity of old conditions or new looseness. He is a reactionist. But the reformer who only knows his cause from the outside is in danger of doing harm in his good intent. Like the skater in unfamiliar places he may "push off" too far. Such "reformers" do more damage than the reactionists; indeed they are the more dangerous; by as much as they are known to know many things people are apt to think they know all things. It is the commonest thing in life for many people, who are bound to have some change, and speedily, to hurt

the cause they wish to serve. In our great work it is the safest and surest to prove all things and hold fast that which is good. The mother of reform is discontent; but among her many children, good and bad, the best of all is improvement. Let us foster a wholesome discontent and have advancement by all means, but let it be true reform, if need be, and not such revolution as means reversal to things obsolete. One of the morals to be drawn from this is, that when reforming is needed in our work it is for us to do it.

In recent discussions of the proper place and function of the alienist as a hospital physician, there has been a subtle intimation that his desire to establish a medical government, and to have "control," is somehow to his discredit. The implication seems to be that he is "a jack at all trades and good at none;" or he is

"At once a cook and a captain bold,
And the mate of the Nancy brig."

The case of the *soi disant* captain in the ballad was a peculiar one, but he survived his perils, and, though he had but one story to tell, let us hope our fate will not be less fortunate.

II. THE RELATION OF PSYCHIATRY TO GENERAL MEDICINE.

The position of the alienist in his relation to general medicine has a most interesting history. He was in the beginning of the modern science of mental medicine, a hundred years ago, always a general physician; it is really true that he has been so ever since. Surgery, long set apart as a somewhat special department of medical science, has a comparatively limited field. An eminent surgical writer* says that "the charm of surgery is because it is visible, and tangible, and demonstrable"; its brilliant modern triumphs make it most attractive. With its "external pathology" it is "still to some degree uncertain, but not nearly as much as medicine." "I think," he says, "there is no doubt that medicine requires a higher grade of intellect and more judgment than the practice of surgery." Most of the modern specialties, so-called, are subdivisions, and sometimes refinements, of surgery in their methods of examination and treatment. Psychiatry, however, so far as it is a specialty, is closely allied to general medicine; it finds its etiology in all bodily diseases. There has been a mistaken tendency on the part of ourselves and others to include psychiatry wholly in the new science of neurology. The alienist, it is true, has to do directly with mental symptoms, disorders of brain function, and, therefore, of the

* Cheever, "Lectures on Surgery," p. 2.

nervous system, and this goes to all parts of the body. But it is the same for the general physician; he deals commonly with mental symptoms in all forms of febrile delirium, for example, and is more or less of a practical psychologist in the whole range of his art. The alienist, as a psychologist, is a general physician who is a student of neurology, and uses its anatomy and physiology; but he does a great deal more, for he must include all the bodily organs. He must study all the functions of nutrition and excretion. He is being aided by the more promising contributions from organic chemistry; and bacteriology, in the wonderful advancement it is bringing to the whole science of medicine, is explaining the analogy between the toxic influences produced without our bodies and those within them. Not only do bacterial products poison us, but those of our own vital processes that are toxic in conditions of disordered function and in disease, are also the more or less direct causes of mental symptoms. Thus it is that psychiatry is shown, more than ever before, to be dependent upon general medicine. The best definition of insanity is that it is a symptom of bodily disease; in its initial, acute, and curable forms it is a condition due to nutritional changes until consequent damage accrues to the nervous system and the mental organ itself. It is later that we reach the pathology of the neurologist, for in the order of the symptomatology of nervous lesions the general physician and the alienist come first, when the causes are not traumatic, or other forms of surgical disease.

Neurology, in the practice of the modern specialist, had at first a comparatively limited field. Among the newest of the special branches of medicine, its achievements have been brilliant. One of the earliest of these which, in this country, had so great an influence in establishing neurology on its present basis as a clinical science, was the remarkable study in the wards of the military hospital of the effects of nerve injuries caused by gunshot wounds observed in soldiers of our Civil War.*

The methods of neurology have been distinctly anatomical, and the force of its scientific research has been largely directed to the localization of the lesions of the nervous system by carefully comparing observed symptoms with pathological findings. These methods have yielded such exactness of results in diagnosis, that like precision has been demanded in all lines of clinical inquiry

* Mitchell, Morehouse, and Keen, 1864; and S. Weir Mitchell, "Injuries of Nerves and their Consequences," 1872.

relating to the nervous system and assumed to be neurological. Out of this there grew the disposition to reproach the alienist, as if he held only a limited place in neurology, for not having demonstrated to an equal degree pathological findings to account for all morbid mental phenomena. With the reinforcement of the early promises of the new experimental psychology, which first addressed itself to the more mechanical lines of inquiry, it became still more the fashion, a few years ago, to regard the alienist as a specialist in neurology and nothing more. Psychiatry has been charged with being slow in its progress, as having no coherent principles, resting upon an indeterminate basis in anatomy, physiology, or pathology. and, therefore, as being unscientific in its classification and therapeutics. But Krafft-Ebing, in noting this fact, claims the establishment of "Psychiatry as a Clinical Science," and says that the results offered by pathological anatomy are for the most part negative, and the few positive ones not surely indicative of their genesis, and worthless for the explanation of the disturbance of function known to have existed. Then psychiatry, he says, seems almost exclusively dependent on itself, and is limited to the direct observation of psycho-pathological phenomena, and from the empirical valuation of these is obliged to draw conclusions as to the kind and degree of the functional disturbance of the psychical organ. These psychopathic phenomena are, however, no mathematical quantities, no physical phenomena, nor even chemical secretions, but are phenomena of a peculiar kind, being the so-called feelings, ideas, and will-impulses. The course of the psychoses are discovered through observation as in any other disease. Psychiatry, now raised to the value of a clinical science, must be studied by its own methods. He says, "it is more than a specialty, and a necessary complement of medical study, inasmuch as man is not simply an eating, breathing, and feeling machine, but a spiritual personality, whose psychical functions are intimately bound up with his somatic, morbid processes."*

An American philosopher† shows that "each of the real and concrete forms of existence which are known to man, boundless as their number and variety may appear, falls nevertheless under one or another of three great types of real being, viz., the machine, the organism, and the person." The surgical specialists and the neurologists have been mainly studying the human being as a self-

* Wiener Klinische Wochenschrift, October 24, 1889.

† Abbot, "The Way Out of Agnosticism," p. 54.

making and self-working natural machine. These specialists have called to their aid anatomy, physiology, and pathology in their examinations of the organism which, when out of order, they try to mend. The general physician must go farther in his dealings with the organism while using the same aids; he finds that in treating the disorders of the personal man, he has constantly to reckon with him as also a rational being, whose organic machine is his instrument; and so far every such physician is a practical psychologist. But the alienist as a general physician is especially concerned, in his wider field, with the whole man, for psychiatry deals with the mind of the man and must seek for causes of its disorders in the whole man.

I have said that the methods and field of neurology in medicine have been distinctly anatomical. It is another of the interesting signs of progress in our whole science that the neurologists are finding the need of psychology to explain their problems, and are being led thereby into a better comprehension of psychiatry. In any assemblage of "neurological" papers it is now noteworthy that while the major part of their titles have an anatomical or surgical bearing, a fair proportion will be upon mental subjects. While many of the writers are alienists, yet there have been neurologists who, from the beginnings of their science, have recognized the presence of the psychical element, though much as the general physician has done. The importance of this element as modifying and even causing nervous symptoms is now being more correctly estimated. No more significant indication can be noted as an example than the clearer recognition, within a very few years, of the true nature of hysteria and its alliance with neurasthenia, through the remarkable elucidations of Charcot and his school, and by Loewenfeld, Pierre Janet, and others. Great difficulties are being solved by the growing knowledge of the fact that underlying all nervous and mental phenomena there is a range of subtle changes in the conditions of the organism that are common ground for the alienist and neurologist. The bond between them may prove to be the still newer science of physiological psychology, wherein may be found a rational basis for an understanding of the relatively intangible mental observations and the beginnings of the grosser changes whose study has given a marked character to the work of the neurologists. The importance of this is shown in the broadening of the view of neurasthenia as being, in certain forms, either a disease by itself, a condition underlying many other nervous diseases, or

the true characterization of a chronic condition, whether acquired or hereditary.

We read in the writings of eminent neurologists, discussions of such subjects as "Association Neuroses; Neurasthenia and Allied Forms of Neuro-mimesis," by Prince*; and "Remarks on the Psychological Treatment of Neurasthenia," by Putnam.† The work of Bouchard and others in pathological chemistry, and the revelations of bacteriology concerning the effects of infectious and toxic influences, have made contributions to general medicine that have been applied by the French alienists to the study of insanity. Our American neurologist, Mills, has written on "The Relation of Mental Disorders to Infectious Disease,"‡ and Putnam,§ on "The Relation of Infectious Diseases to Diseases of the Nervous System."

When Van Deusen, in 1868, published his ideas of neurasthenia in advance of Beard, he had a much broader and truer conception of the conditions that underlie mental as well as nervous diseases. It is the alienists who have developed this conception, and who have brought out the present understanding of the relation of chemical and toxic processes to mental diseases. In a recent address on the "Causation of Nervous Disease,"|| by Starr, are summed up the results of our present knowledge of the changes in the chemical and physical condition of the neuron, showing that the essential lesion in functional and organic diseases may be produced by overwork, by imperfect nutrition, or by active poisoning, from active toxic agents produced within the body, or from those of an organic or inorganic type received from without. Thus has general medicine contributed both to neurology and psychiatry, through the principles discovered by bacteriology, an explanation of clinical phenomena long recognized by alienists who first anticipated the true conception of mental disorders as finding their most prolific cause in conditions of nervous fatigue and exhaustion.

These are valuable essays in the domain of psycho-pathology or in close relation to it; but psychiatry has much to give to, as well as to take from, neurological medicine. It should be kept in mind that if psychiatry is neurology it embraces a far wider range of disordered conditions from diseases of the body than are noted in

* Jour. of Nerv. and Ment. Diseases. May, 1891.

† Bost. Med. and Surg. Jour. May, 1895.

‡ Am. Jour. Med. Sci. 1894.

§ Am. Jour. Med. Sci. 1895.

|| Western Reserve Med. Jour. May, 1895.

the manuals of nervous diseases, although these, latterly, enumerate and treat upon, though meagerly, the diseases of the mind. But neurology, although still notably deficient in therapeutics, demands of psychiatry a greater ratio of "recoveries" from insanity than has been shown, apparently forgetful that a large proportion of the patients who have other diseases never get quite well at the best, and still may return to their homes and business, as the uncured insane can not do.

The question of the large contributions that may be made by neurological medicine to psychiatry is one that will bear examination. The advances in histology are so marvelous and rapid that the student of five years ago must now recast his knowledge and conceptions of the physiology and pathology of the nervous system. The alienist has his aid direct from this new knowledge, but welcomes eagerly the "deductions" of all careful observers. But if such deductions from anatomical neurology sometimes take the form of authoritative and instructive dicta, concerning, for example, "the effects due to an exaggeration of the unknown ganglionic or other alterations, without demonstrable lesion," we may be pardoned if we do not take for guides our most agreeable counselors and friends.

In the relation of psychiatry to other departments of medicine the alienist has had to encounter the criticism that he has not been productive of scientific work. We have seen that in its very nature it has not, even yet, the objective character in its pathology that makes it demonstrable by mechanical methods. In the work of the alienist the century has been an age of construction—of laying foundations and building shelters, and thus largely of providing for the more material care of the insane. The problems of this kind to be solved have been difficult and often overwhelming. That the work has been done by medical men better than it could have been done by anybody else is beyond question. If, in their annual reports, the record of their labors is read in an appreciative spirit, one could not fail to be moved to sympathy by the pathetic history. As an example of this I had recently the privilege of hearing an account, written by Dr. Babcock of the South Carolina Asylum, of the efforts made in the last forty years to provide for the colored insane. It was the work of men among whose names are those of Stribling of Virginia, Green of Georgia, Tyler of South Carolina, and Compton of Mississippi. The mention of them awakens memories of a generation at once honored and honoring

that has now passed away. The humane purpose that was sustained through years of discouragement, and the arguments presented in appeals to legislatures, too often futile, betray a degree of foresight, wisdom, and devotion that commands respect. These were scientific labors in the worthiest of the professional and social obligations of enlightened men. In these and kindred efforts the experienced alienists have become conservative as well as painstaking; no brilliant discovery is possible for them, to inspire their zeal with an exhilarating freshness, and they have long been learning to refrain from the voluminous publication of conjectures and deductions concerning the unknown and undemonstrable. There is something to be said also of the perennial proneness of us all to regard everything foreign "*pro magnifico*." When we are asked why the results of the new science of physiological psychology are not being applied to the elucidation of psychiatry in this country, the following abstract of recent comments, by a German writer,* is a sufficient answer.

Very few alienists in any country have gone carefully into the question of experimental psychology or have made experiments themselves. Buccola, in Italy, more than a decade ago, attempted to apply the psychological measuring of reaction time to pathological cases; but, owing to his early death, this and the work of a few followers soon stopped. Later some Russian psychiatrists, partly influenced by Wundt, attempted the experimental investigation of pathological mental conditions; and quite recently, in America, the attention of some of the younger psychiatrists is awakened to the new psychological methods. But up to the present day, Kraepelin is the only German alienist who has attempted to study the particulars of psychological experiments, by working himself in a laboratory. It is very significant that, in this unique instance, Kraepelin, whose training was with Wundt, has felt compelled to spend some years of preparation in devising special psychological methods before any could be made applicable to the peculiar psychical processes of the insane.

That there is something to come out of this pathological mystery is not to be doubted. Kraepelin, with his painstaking caution, is bringing out promising indications for the better estimation of mental symptoms by their analysis upon a psychological basis, through the application of certain methods entirely new with him.

* Kraepelin: *Der psychologische Versuch in der Psychiatrie. Psychologische Arbeiten.* Leipzig, 1895.

His fine elucidations of the "exhaustion psychoses" represent, however, the results of a kind of clinical study to which contemporary workers in other countries have addressed themselves; and there have been those who, within the last decade, have initiated laboratory work upon like problems in different ways. To demand results at this stage of progress is calling for the fruit of the tree before it is grown. Neither are we without the promise of scientific advancement in the direction of "pathological findings," in the work of members of our association of alienists. The difficult character of our problems forbids any trivial treatment of the labors bestowed upon them, and certainly exuberance of critical judgment is untimely now that the trend of inquiry has changed so much the data of general medicine, in which the alienists have always found their rightful field. In common fairness the question should first be answered: From what sources, other than the alienists and their hospitals, have come any real contributions to the study of mental disorders in relation to their physical causes?

It should not fail to be mentioned here that there is a most encouraging indication in the work of our hospitals, which allies it with the methods of the general hospitals. Ten years ago there were only two organized schools, then newly established, for the training of nurses in hospitals for the insane. In 1892 there were twenty-four such schools in operation in this country. This year there are thirty-eight of these schools in American hospitals, that have yielded a total of 896 nurses, including men and women, qualified by being instructed in their special work. In a number of other hospitals the establishment of the new system in the nursing service is already begun.

Considering the opposition to this movement in certain quarters, the difficulties in others, and the remarkable failure in some instances to recognize the absolute need of training and experience in such general nursing as may be required in asylums as the first principle of success, it leaves little room for complaint that advancement is not being made in this important particular.

III. THE PROMOTION OF PROGRESS IN THE HOSPITAL TREATMENT OF INSANITY.

This discussion of the advancement of psychiatry has been limited, so far, to a study of our present "foundations." In pursuance of my argument I have endeavored only to characterize, in general terms, the way in which we are really trying to do our work,

— the plan upon which we must expect to build. In the first place we have our hospitals as they are; let us do the best we can with them. It is a maxim in the conduct of hospitals that a bad hospital can be made a good one by good keeping. To men who have learned the business of keeping a hospital, and practiced the art of conducting an institution that should be well organized if business success is to be hoped for, there is no need of assuming to give instruction. The problems relating to hospital economies, the material comfort of the patients, and the curative effects of occupation, etc., are all familiar to you. I may be allowed, however, to say a few words in regard to an ideal hospital organization with respect to its clinical and scientific work. If one were an autocrat, and such a thing were conceivable as being the controlling adviser of a hospital corporation, board of governors, and all concerned, it is easy to say what one should do. My ideal hospital should have the best executive and medical staff that the purse could support, of which I held the strings. The principles should be that no part of the investment in a business is so profitable as that which procures educated and skillful direction. The chief executive should be a man trained to his business and of proven capacity for that particular business, so that with proper assistance his purely executive duties should be to him simply incidental to the use of the hospital as an instrument applied to its intended purpose. The business office of the hospital should be in charge of a competent man, who, as a clerk and cashier of the hospital, with proper assistance in the bookkeeping, would act as "adjutant" to the superintendent; as such he would prepare and coördinate all the executive office details, but have no executive authority himself. The present office of steward should become that of a purveyor, who, as "commissary" and "quartermaster," would be the buyer of supplies as for a commercial house; he would have charge of these and the oversight of the farm, etc., but he should have no handling of money or keeping of the financial accounts, which belong to the treasurer's office. Then the maintaining of all proper checks upon the purely business operations would be done by the "adjutant," for the superintendent, who could keep himself duly informed without the routine labor of applying the checks himself, as he may do, however, at will. The superintendent should be well educated in general medicine, so that the medical government of the hospital, and the "mental government" of all within it, should have a basis of the broadest understanding.

The clinical assistants should have perfected their education by hospital training or successful practice in general medicine; and they should be chosen by the superintendent by nomination to the governing board, and he should be responsible for their efficiency. The senior officer should systematically share in the "medical government" of the hospital in all particulars for the sake of perfecting his training. There should be a woman for an assistant physician in a large hospital, or a consultant in gynecology, and consultants in other specialties, to be called when needful, as the physician calls them in general practice. There should be an accomplished resident neurologist on the staff, or a physician especially educated in neurology — not for a chief of staff, because his views would need the broadening and adjusting that would mutually come by contact with the physicians of the staff experienced in general medicine, and by the discussion of clinical problems in the regular meetings of the hospital medical society. Thus I should expect all of the medical staff to become, by and by, practical neurologists as well as psychiatrists. Later, in the natural evolution of things, there might be a neurologist for chief executive, when he had learned also the incidental business of management; he would have become, by that time, also a general physician, as an indispensable requisite, and as a practical result of medical work so conducted. The newly appointed neurologist should have some clinical duties, even though limited, from the first, if in no other way, at least by taking the places of the regular clinical assistants in a system of giving "a day off" to each every other week. Such an organization provides for an effective division of labor that relieves the clinical assistants from the routine of keeping case records, etc., which may be better done by those whose time is less valuable. Thus, more attention can be given by them to the patients themselves, and to the important necessity of keeping informed in the literature of the subject.

The laboratory should be in charge of the neurological assistant, because he is supposed to be well informed in nervous pathology. But the pathological work should be conducted on the principle that the pathology of insanity begins before the insanity does, and that post-mortem pathology includes but a small, though essential, part of the requirements. Therefore, the laboratory should be a place for the study of physiological psychology. This would cover the study of the initial conditions which lead to mental disorder, and promote the possible determination of the nature and causes of

departures from normal mental function. Moreover, in the dependence of their changes upon general physiological processes, and in order to take into account all the elements of vital activity involved, it would be supremely necessary to study both physiological and pathological chemistry in their direct and indirect relations to mental changes. This includes the effects of fatigue and its relation to exhaustion and auto-intoxication. For these reasons it would be desirable that the director of the laboratory should have an assistant especially accomplished in chemistry. There should be, as in general hospitals, a service of medical internes, or clinical clerks, as junior assistants, who should write the records of cases, etc.; their business being the study of medicine, it would bring in the principle that, in their instruction, he who teaches learns. I would make all the medical staff teachers in some way; the training of nurses helps to do that. Then there should be a school, the teaching in which can be well done and still become so far incidental to the general duties as to add little to the labors of the staff. Such a school can be so conducted as to affect little the cost of the nursing service; in fact the law of compensation works in all these matters. It is a matter of the organization of a business; whatever is good to do, is good all round — every good thing helps every other good thing, and the sum total is the greatest good. The success of such a business is a medical success, and the accomplishment of the results attainable in any large hospital by a well-sustained medical government is a success worthy, in the highest degree, of a physician.

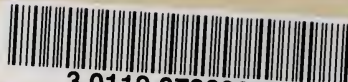
My thesis is that the advancement of psychiatry in America must start from sound foundations; it is the chief business of our lives, and its conditions may be summed up in the following propositions:

1. Our hospitals should be conducted under medical government, as they are instituted for a medical business. They should be conducted by their governing authorities in such a way as to promote the professional efficiency of the medical executive staff; this implies the choice of such officers solely for their fitness, and that fitness is enhanced by experience, which goes with the stability of their work. It implies also a liberal equipment of the literature and appliances which are the well-recognized essentials of scientific professional work everywhere. The manner of life of these officers should put them on an equal plane as to compensation, with successful men of like capacity and attainments engaged in other branches of medicine.

2. The tendency in all departments of medicine and surgery has been toward limitation in specialties; this should be counteracted in our work in all possible ways that promote the broadening of the fitness of medical officers by affording better conditions for their education in general medicine while in the service of the institution, and by encouraging special neurological and psychological studies. Thus there should be a close union with all that pertains to neurology, and then advancement should be sought along the lines of a common alliance with general medicine under the law which Herbert Spencer calls the tendency to integration of all the present specialties in medical science. It is this tendency that, notably at the present time, is being strongly reinforced by the great developments in biology.

3. While it should be our aim to be general physicians in order that we may draw our aid from the whole domain of our science in our somewhat special work, we should draw also upon the newest knowledge of psychology. Thus our special mission becomes the study of the highest and the most difficult problems of human life in the preservation and restoration of mental health, and the sanity of that life.

Members of the Association: In this, the aim of your high calling, if you be but faithful you may rest upon the facts of your peculiar experiences, and as you lift your cause from stage to stage neither adversity nor any misapprehension of your good purposes, nor any evil thing, can rob the world or you of the blessings that in the end will flow from the devoted work of those who love their fellow men.



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